

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,)
)
 PLAINTIFF,) CASE NO. 2:19-cr-202
)
 vs.)
)
 THOMAS J. ROMANO,)
)
 DEFENDANT.)
 _____)

TRANSCRIPT OF GOVERNMENT CLOSING ARGUMENTS
BEFORE THE HONORABLE MICHAEL H. WATSON
TUESDAY, SEPTEMBER 19, 2023; 9:00 A.M.
COLUMBUS, OHIO

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Tuesday Morning Session

September 19, 2023

- - -

THE COURT: Mr. Helfmeyer, you may begin your closing argument, sir.

MR. HELFMEYER: Thank you, Your Honor.

He way overprescribed medications to me. If I had to say something, legal drug dealer. That's how John Tittle described the care he received from Dr. Thomas Romano.

These type of drugs control you, your mind. You feel like you're going to die without them. And in your mind, you have to have them. You feel like you'll do whatever you can to get them. That's the way Ms. Patricia Tittle described the drugs that Dr. Romano gave her.

Over the last week you've heard some of the stories of how these drugs destroyed lives and families. You've heard that, for some, there can be light at the end of the tunnel. Light that represents freedom from the prescribing and the control of Dr. Romano's cocktail of high-dose opioids, benzodiazepines, and Soma.

You've heard that these high-dose opioids are dangerous all by themselves; that the CDC and the medical literature warn against prescribing more than 90 daily morphine milligram equivalents because the risks get higher as the dose gets higher; that before prescribing these high-dose opioids,

1 doctors need to make sure that they're working, that they're³
2 decreasing pain and increasing function, that they're doing
3 more than turning patients into zombies.

4 You saw the lie in Dr. Romano's pain contract about the,
5 quote, low risk of psychological dependence as an outcome.

6 And, Jen, could we have the -- and if we could project
7 it to the whole courtroom. Thank you.

8 The, quote, low risk of psychological dependence as an
9 outcome. Dr. King was vehement in saying that was false. And
10 that's just the opioids by themselves.

11 The oxycodone, the OxyContin whose manufacturer Purdue
12 paid for the defendant's expert -- paid the defendant's expert
13 witness and for his professional association.

14 The oxymorphone, the hydromorphone, morphine, and
15 methadone, all dangerous on their own.

16 By adding a benzodiazepine into the mix, he increased
17 the danger, increased his patients' stupor.

18 The Xanax, Klonopin, and Valium, drugs his own witness
19 Dr. Murphy said he rarely prescribes or only prescribes in low
20 dosages.

21 And for many of the patients before you, he added the
22 third drug, the tranquilizer Soma. A tranquilizer that makes
23 the complete Romano cocktail.

24 Soma, a drug that Dr. King never prescribes, that Dr. Le
25 told you she never prescribes. You heard that it turned John

1 Tittle into even more of a zombie. Increasing sedation without⁴
2 any benefit.

3 That prescribing is why we're here. Prescribing that
4 Dr. King meticulously reviewed, analyzed and ultimately
5 concluded was without a legitimate medical purpose and outside
6 the usual course of professional practice.

7 Those terms "outside the usual course of professional
8 practice" and "not for a legitimate medical purpose" have been
9 used a lot in the last week. And that's because those terms
10 are central to your job in this case in deciding the 24 counts
11 of the Indictment.

12 The 24 counts in the Indictment each relate to
13 prescriptions the defendant wrote for the nine patients you've
14 been hearing about. Each count charges the unlawful
15 distribution of a controlled substance. Judge Watson will give
16 you the instructions at the close of closing arguments but I
17 want to give you a little bit of a preview.

18 Each count has four elements, four of the same elements.
19 The first two elements are not in dispute. The first element:
20 That the defendant knowingly or intentionally distributed a
21 controlled substance. He did that by signing prescriptions.
22 The second element also not in dispute is that he knew the
23 drugs that he was prescribing were controlled substances.

24 Now, the second two are in dispute. Third: He
25 prescribed in a manner that fell outside the objective usual

5
1 course of professional practice without a legitimate medical
2 purpose. And I'll give you some of the evidence that supports
3 that element in a moment.

4 Finally, the fourth element: That when he was
5 prescribing controlled substances, he knew that he was
6 prescribing without a legitimate medical purpose outside the
7 usual course of professional practice.

8 And you'll hear that you can infer knowledge if you find
9 that the defendant deliberately ignored the obvious. In this
10 case, Dr. Romano either knew or deliberately ignored the red
11 flags that his patients didn't need the drugs he was
12 prescribing or that he either knew or deliberately ignored that
13 his patients were addicted.

14 Generally speaking, the, quote, usual course of
15 professional practice means acting in accordance with a
16 standard of medical practice generally accepted in the
17 defendant's field. You've heard evidence about guidelines,
18 regulations, and best practices. You'll hear that you can use
19 those as you consider what is the usual course of professional
20 practice and as you determine that the defendant's
21 prescriptions were outside that.

22 But how do we know that those prescriptions were outside
23 the usual course of professional practice? Three credible
24 doctors testified in this trial about how opioids can be used
25 for a legitimate medical purpose and how based on their

6
1 training, experience and, in two cases, real-time examination
2 of Dr. Romano's patients, that his prescribing was outside the
3 usual course of professional practice.

4 Some of the patients themselves testified that the drugs
5 Dr. Romano gave them hurt more than they helped; other patients
6 testified that Dr. Romano helped them. But remember what it is
7 that they said helped them. Either the HGH or the physical
8 therapy that they received, not the high-dose opioid, benzo,
9 Soma cocktail.

10 You heard from a bunch of medical professionals in this
11 case who educated you about opioids. Generally, they're an
12 effective painkiller for acute, short-term pain. And they can
13 be appropriate as a last option when a patient is suffering
14 from chronic pain.

15 They're appropriate in that last instance only when they
16 work, when they both reduce pain and improve function, and only
17 if the risks are outweighed by the benefit.

18 You've learned what some of those risks are throughout
19 this trial. First, sedation and impairment. Like Mr. Crigger
20 and Ms. Tittle falling asleep at work. Like Eric Webb
21 repeatedly crashing his car. And Arrieal Butler crashing her
22 car maybe causing her transportation problems.

23 Another risk is increased pain as described in the
24 medical literature that Dr. Murphy didn't bother to read and
25 didn't want to discuss with you. Other more serious risks

1 include addiction, overdose, and death.

2 By adding a benzodiazepine into the mix, that risk
3 greatly increased. When asked about the dangers associated
4 with mixing opioids and benzodiazepines, Dr. Le answered
5 curtly, you stop breathing and you die.

6 And then Soma, which you've learned is really a
7 tranquilizer, only increased those risks.

8 The evidence you've heard over the last week is that
9 Dr. Romano's cocktail didn't help patients, it harmed them. It
10 sent them down, spiraling them down the path of addiction and
11 further isolating them from their families.

12 How do we know that he knew that his prescriptions were
13 outside the usual course of professional practice? The
14 defendant's own patient files as you've seen are littered with
15 red flags the drugs weren't working; that the patients weren't
16 candidates for these dangerous drugs; and that in some cases
17 that the patients were addicted.

18 The defendant was repeatedly warned by fellow doctors,
19 pharmacists, and insurance companies. The Dear Patient letter
20 in each of the patient files in which the defendant
21 acknowledges that he doesn't work with other doctors, that he
22 is different, outside the usual course of professional
23 practice.

24 His receptionist, Carol Vargo, told you about the
25 disdain Dr. Romano held for anyone who questioned his practice.

8
1 He knew he practiced differently, outside the usual course of
2 professional practice.

3 And Dr. Romano himself told you on Friday repeatedly, I
4 know the risks. I know the dangers.

5 He acknowledged that he knows how dangerous it is to
6 prescribe opioids and benzodiazepines together. And
7 accidentally, he acknowledged the CDC guidelines that warn
8 against going above 90 daily MME. Guidance that clinicians
9 should avoid altogether combining opioids with benzodiazepines.

10 He didn't want to acknowledge the CDC guidelines on
11 Friday because he knows he didn't follow them. That's just one
12 of the ways the defendant put on a show on that stand.

13 The Dr. Thomas Romano he showed you is not the same man
14 who ran his client -- his clinic as a giant among men, who
15 scoffed at calls from pharmacists, disregarded warnings from
16 his colleagues, and was above concerns from insurance
17 providers. He wanted you to think that he was open to
18 suggestion, respectful of others' opinions. But you saw
19 through that mask. He didn't fool you.

20 He didn't want to draw your attention to the CDC
21 guidelines because their recommendations are so far from the
22 way he ran his practice. And those guidelines are at Joint
23 Exhibit 501 if you want to look at them.

24 In terms of the strengths of the drugs that Dr. Romano
25 prescribed, this summary in Government's Exhibit 321 shows that

roughly a third of Dr. Romano's prescribing to these nine⁹ patients was greater than 360 morphine milligram equivalents. That's four times what the CDC warns against going over.

Almost 45 percent of Dr. Romano's prescriptions to these patients was for between 180 and 359 daily MME. More than twice what the CDC warns against.

Combining the information in Exhibit 321, more than 75 percent of the time, Romano prescribed greater than 180 MME per day. All more than double what the CDC warns against exceeding.

And you saw that the FDA issued its strongest black box warning for combining opioids and benzodiazepines because the serious risks and death. But that's basically all Dr. Romano prescribed these patients.

This summary, Government's Exhibit 328, shows just how long Dr. Romano had these patients on cocktails during the Indictment period from 2014 to 2019.

Over on the right, Romano had Terry Miller and Mark Robinson on almost all three for four years; he had Ms. Tittle on all three pretty much the whole time that she was his patient; Eric Webb, four the whole time that he was Dr. Romano's patient.

On the left, those are the number of days that Dr. Romano had these patients on the two-drug combination of an opioid and a benzo. What the FDA and the CDC recommend

1 strongly against.

2 Now I want to get into some of the evidence of the
3 individual counts that you're to consider. I want to start
4 where Ms. Sakowski started a week ago with Arrieal Butler.

5 Ms. Butler's prescriptions are Counts 33 and 34 for your
6 consideration.

7 When Ms. Butler came to the defendant, she was on a very
8 low-dose opioid called tramadol and the benzo Xanax. But
9 according to her initial screening at Dr. Romano's practice,
10 those two drugs, quote, neither of these medications helped
11 very much. So Dr. Romano takes what wasn't working and
12 increases it. He gives her oxycodone.

13 Then on February 3rd, he increases the strength of her
14 opioids taking her up to 90 MME. Dr. Romano writes in the note
15 that it's a temporary increase. But we know that's a lie. Two
16 years later when she stumbles into Dr. Belcik's exam room,
17 she's still on that same high dose of opioids and Xanax.

18 Count 33 is that next month, the continuation of that
19 fake temporary increase. Increase on the drug that wasn't
20 working.

21 And Dr. King told you based on his 50 years of training
22 and experience that this prescription was outside the usual
23 course of professional practice and not for a legitimate
24 medical purpose. And that's Count 33.

25 Fast-forward more than two years of Dr. Romano's fake

1 temporary increase to July 31st of 2019. That's when
2 Ms. Butler met Dr. Belcik. Ms. Butler was acting strangely,
3 pain catastrophizing, and appeared sedated.

4 When Dr. Belcik learned what drugs Dr. Romano was giving
5 her, he was immediately alarmed. When Dr. Belcik learned that
6 Dr. Romano never warned Ms. Butler about the dangers associated
7 with those drugs, he was even more alarmed. So alarmed that he
8 filed a complaint with the State Board of Pharmacy and faxed a
9 copy of his progress notes to Dr. Romano.

10 Alarmed not just by the combination of drugs, something
11 someone right out of residency would immediately notice,
12 something he told you even a medical student would immediately
13 notice and be concerned by. But even more alarmed by the fact
14 that Ms. Butler had no idea how dangerous those drugs were.

15 A patient cannot consent to treatment unless she knows
16 the dangers, the side effects, and the risks associated with
17 those drugs. But Dr. Romano never warned her. He just
18 prescribed.

19 A couple of the -- of things about the suggestions made
20 on cross-examination of Dr. Belcik and some of the suggestions
21 Dr. Romano made to you while he was testifying. First, it's
22 true that someone sedated like Ms. Butler was shouldn't be
23 driving. But you learned that she wasn't driving, that
24 transportation was an issue.

25 Next, the sunglasses. Dr. Belcik did a thorough

12
1 examination and documented it in detail. Even the defendant
2 acknowledged that. He referred to it as a, quote, book.

3 The defendant wants you to believe that Ms. Butler
4 wasn't sedated by his cocktail. Instead, that she was
5 suffering from migraines. But at no point in the thorough
6 examination and documentation that Dr. Belcik did, did he ever
7 mention that she complained of migraines. He documents her
8 complaints and that's not in there. It's not in there because
9 she wasn't having one.

10 Her slurred speech was based on sedation from the drugs
11 Dr. Romano was giving her for which she had no idea of the
12 risks.

13 And Dr. Belcik sent that information, that book, to
14 Dr. Romano. What else was in it?

15 He sent repeated warnings that the drugs were not
16 working for Ms. Butler; that she reported pain of 8 to 10 out
17 of 10; that the pain was alleviated by nothing.

18 How does Dr. Romano respond to this? He responds by
19 giving her another month of the same dangerous drugs that
20 aren't working. They hadn't been working three years earlier
21 when she started at his practice. They weren't working when
22 she met with Dr. Belcik. And they weren't working on
23 August 30th of 2019, when he gave her these prescriptions
24 charged in Count 34.

25 We can be absolutely sure these drugs didn't work, that

13
1 they were harming, not helping, because a few months later
2 after Ms. Butler was gone from Dr. Romano's practice, she went
3 back to Mercy Hospital to see Dr. Belcik. Dr. Belcik told you
4 she was a changed woman. She was more alert, in less pain,
5 doing better all around. And that's no coincidence. The fog
6 had been lifted and she could live again.

7 Next, Eric Webb. Counts 26 and 27 of the Indictment.

8 Eric Webb was deep in the throes of addiction. You
9 heard from Krishna Wright who agonizingly conveyed to you her
10 and Eric's heroin and opioid addiction. When asked about her
11 home, Ms. Wright told you: A disaster, like both of us.

12 She was able to get out of it. Eric went to Dr. Romano.
13 Ms. Wright told you that Eric had been desperately looking for
14 someone to supply his pills after his father was no longer able
15 to. Desperately looking until he found Thomas Romano.

16 Dr. Romano either recognized the signs of Eric's
17 addiction and didn't care or was deliberately ignorant and
18 missed what was staring him in the face. Something hard to
19 believe for someone of such eminent qualifications.

20 Dr. Romano broke his own rule for Eric, not requesting
21 his prior medical records. Again, he knew that there would be
22 something bad that he didn't want to see or he didn't care.
23 Either way, the prescriptions issued to Eric were unlawful.

24 But what was in Dr. Romano's patient file for Mr. Webb?
25 Eric's statement that he had been in more car accidents than he

1 could count and a dirty urine test.

2 On his first visit, Eric tests dirty for marijuana.
3 Acceptable. And the defendant never tests him again. Never
4 follows up, an aberrant drug screen to start. No follow-up
5 with any other urine drug screen. No more pill counts at any
6 point during the 14 months that Dr. Romano prescribed to Eric.
7 All while Dr. Romano is fielding calls from Eric's pharmacist
8 about how potent and dangerous these pills were.

9 Count 26 charges Dr. Romano with the full cocktail and
10 an astronomically high dosage of opioids. 364 pills of
11 oxycodone, that's 13 per day; plus 84 pills of oxymorphone,
12 three more per day; and to top those off, 120 Soma and
13 Klonopin. This to a person who suffered repeated head injuries
14 and has short-term memory loss.

15 That combination, the opioid, benzo, and Soma, John
16 Tittle told you was comparable to heroin. No surprise, that's
17 what Dr. Romano prescribed to Eric Webb, the heroin addict.

18 Then ensued the repeated warnings from Pharmacist
19 Jeffrey McCloud that Eric needed to be weaned off this
20 dangerous combination because Mr. McCloud had actually listened
21 to the warnings and advice of the state regulators. He
22 implored Dr. Romano, but Dr. Romano dismisses pharmacists. He
23 believes they're folks who couldn't hack it in medical school.

24 Now, when he testifies, Dr. Romano doesn't want you to
25 believe that these calls with Mr. McCloud didn't happen because

15
1 Dr. Romano knows how bad it looks that he ignored those
2 warnings. He kept prescribing the prescription equivalent of
3 heroin to a heroin addict.

4 And so he wants you to believe what? That Jeffrey
5 McCloud who had never met him somehow knew that Romano would be
6 dismissive? That McCloud somehow knew that Romano believes
7 himself to be a giant among men, above lowly pharmacists?

8 Use your common sense. Mr. McCloud's account makes
9 sense and it fits what you know about the defendant.

10 Just like he told the inspector from the medical board.
11 I don't want to throw roses at myself but I know what I'm
12 doing. I'm very well accomplished. I write book chapters.
13 I'm nationally, internationally known. I know what I'm doing.

14 Fast-forward a year and Dr. Romano still has Eric Webb
15 on an incredibly high MME of opioids plus the other ingredients
16 of his cocktail. That's Count 27.

17 Krishna Wright told you even her grandmother knew that
18 Eric was an addict. How could her grandmother know more than a
19 self-proclaimed expert? She couldn't. He knew.

20 And you don't need Dr. King to tell you that providing
21 the prescription equivalent to heroin to a heroin addict is
22 outside the usual course of professional practice and without a
23 legitimate medical purpose.

24 Next is Terry Miller whose prescriptions make up Counts
25 6, 7 and 8.

1 Mr. Miller shows up at the defendant's clinic with a¹⁶
2 host of medical conditions that made opioids incredibly
3 dangerous. He had COPD which is a severe lung disease and for
4 which he was taking supplemental oxygen. He had congestive
5 heart failure, anxiety, bipolar disorder, depression, and
6 short-term memory loss.

7 Here in Count 6, the defendant prescribed him a cocktail
8 of drugs that would sedate him and could further suppress his
9 already troubled breathing, potentially fatal.

10 Despite all the drugs the defendant was giving
11 Mr. Miller, he was in more pain, more pain. Clearly, the drugs
12 weren't working.

13 Here in Count 7 it's oxycodone, methadone, Klonopin, and
14 Soma.

15 Almost a year later in Count 8, the defendant does more
16 of the same giving Terry Miller the same dangerous cocktail.

17 Dr. King told you he reviewed Mr. Miller's PMP report,
18 the prescription history, and confirmed that Mr. Miller was on
19 Suboxone, the drug that treats opioid addiction, and had been
20 since December of 2019, a few years after Dr. Romano's practice
21 was shut down.

22 Counts 21 and 22 involve prescriptions the defendant
23 wrote to Kent Crigger who testified yesterday.

24 Kent Crigger started the defendant's practice after an
25 unsuccessful attempt at using opioids to treat his pain. And

1 the defendant kept him on them.

2 Mr. Crigger had added risks associated with his health
3 because of his chronic bronchitis, obesity, and his other
4 co-morbid conditions. And just like Eric Webb, Kent Crigger
5 started with an inconsistent drug screen.

6 Apparently, Mr. Crigger wasn't taking the morphine he
7 had been prescribed. That means either he finished it early
8 and was abusing it, a cause for concern, or he didn't take it
9 and didn't need it, or that he was giving it to somebody else
10 or otherwise diverting it. Either way, acceptable with no
11 follow-up.

12 When Dr. Romano testified about this he was, quote,
13 mistaken about how soon before Mr. Crigger's first office visit
14 he had last been prescribed methadone. He didn't want you to
15 know that his patient file showed that Mr. Crigger didn't have
16 the methadone in his urine that he was supposed to, that he had
17 been prescribed. Dr. Romano knew and continued prescribing it
18 anyway.

19 Now, staying on the urine drug screens for a second.
20 You heard that they cost the defendant a couple of bucks to buy
21 but that he charged his patients \$225 each. Carol Vargo told
22 you that. \$225 that the patients couldn't use insurance on.

23 More than just the \$225 for the urine tests and \$725 for
24 the first visit. Dr. Romano's no insurance policy is further
25 evidence that he knew his prescribing was outside the usual

18
1 course of professional practice. He didn't want insurance
2 companies reviewing his practices. He scoffed when they had
3 the audacity to send him letters about the dangerous drugs he
4 was prescribing. He was more willing to let personal injury
5 lawyers be involved in his practice than insurance providers.

6 Now back to Mr. Crigger. Shortly after the drug screen
7 where Mr. Crigger wasn't taking the prescribed morphine. In
8 Count 21, the defendant of course gives Mr. Crigger a massive
9 cocktail of dangerous controlled drugs: Morphine, oxycodone,
10 Soma, and Klonopin. And on top of that, Mr. Crigger was also
11 on Adderall, an amphetamine.

12 Count 22 is more than six months later. The defendant
13 is still giving Mr. Crigger the same dangerous cocktail at the
14 same high strength. Dr. King told you both of these
15 prescriptions were outside the usual course of professional
16 practice, not for a legitimate medical purpose.

17 On cross-examination, Mr. Shamansky attacked Dr. Belcik
18 for letting Arrieal Butler drive her nonexistent car after
19 receiving the defendant's cocktail. But it's crickets on the
20 strongest, more potent, more sedating drug for Mr. Crigger who
21 told you he was a charge nurse treating sick and ill patients
22 at the hospital; drugs that made him fall asleep at work
23 tranquilized by the drugs that Dr. Romano gave him.

24 And since Dr. Romano, no other doctor has given these
25 pills, these drugs to Mr. Crigger. Probably because they

1 harmed more than they helped.

2 Now, Mr. Neilan. You might not recognize him from this
3 picture but he testified on Friday. He looks a lot better now.
4 Free from the defendant's practice.

5 Count 9 charges the incredibly high MME prescription to
6 Mr. Neilan on October 4th of 2014. 975 MME. More than ten
7 times what the CDC guidelines caution against exceeding. And
8 of course along with that prescription was the benzo Xanax.

9 A few months later in Count 10, the defendant remarkably
10 increases the MME for Mr. Neilan up to 981 daily MME. Again,
11 along with Xanax.

12 In Count 11, more than a year later, the defendant is
13 still giving Mr. Neilan almost 900 daily MME.

14 The defendant claimed to be tapering Mr. Neilan. But
15 remember what Dr. King told us about a taper. A taper is
16 supposed to last weeks, maybe a few months. And Dr. Le
17 testified similarly. She said that a ten percent weekly taper
18 was slowish.

19 This is more than a year later from the previous count
20 and Dr. Romano still has him on almost 900 MME.

21 What did Mr. Neilan and the other patients tell you
22 helped? It was the HGH they received from Dr. Nolan.
23 Dr. Nolan's prescribing is not the subject of this Indictment.

24 Next is Mr. Saker, Counts 12, 13 and 14. Dr. Romano
25 prescribed him ever-increasing dosages of opioids OxyContin,

1 oxycodone, along with the benzo Klonopin.

2 Here we start at 630 in Count 12. Sorry, that was
3 earlier. Count 12 is 705. And I think there's a mistake here.
4 That should be Count 13 on November 6th of 2015 at 705 and then
5 Count 14 increases to 750.

6 Like Mr. Neilan before him, Mr. Saker was angry at the
7 government. Angry for the government taking away his pills,
8 taking away Dr. Romano.

9 We're not trying to say that Mr. Saker and Mr. Neilan
10 were junkies trying to get high. We're not trying to say that
11 no matter what Mr. Shamansky tells you, what he crossed these
12 witnesses on. Because the defense, during their cross of
13 witnesses and their presentation of evidence, has suggested to
14 you a false perception of the government's case against
15 Dr. Romano.

16 We're not saying that his patients were trying to get
17 high or that he was operating a, quote, pill mill. We're
18 asking you to convict him because the prescriptions that he was
19 issuing to these patients were so potent, so dangerous that
20 they were outside the course of professional practice and
21 without a legitimate medical purpose.

22 Don't be distracted by this idea that the government is
23 suggesting that these patients were out galavanting on joy
24 rides trying to get high. That's not the case.

25 But remember what else Mr. Saker angrily told

21
1 Ms. Sakowski on Friday. That no matter what, he would always
2 say that he was in more pain because he was afraid of losing
3 his pills. Not because he was trying to get high but because
4 the pills controlled him. And Dr. Romano, as the keeper of
5 those pills, had that control over Mr. Saker and the other
6 patients.

7 Faced with a patient like Mr. Saker saying that the
8 drugs don't help, what does Dr. Romano do? Keep them flowing.
9 Maintain that control.

10 And since the government took away Dr. Romano from
11 Mr. Saker, what did he tell you he's on? No other doctor has
12 prescribed him oxycodone. No other doctor has prescribed him
13 OxyContin. And you know why that is? Again, because the drugs
14 were harming more than they were helping.

15 Mark Robinson presented a heartbreaking story of years'
16 long pain, addiction, and a host of co-morbid health
17 conditions. When he first went to Dr. Romano, Mark Robinson
18 brought his medical records. Records that clearly showed a
19 history of substance abuse and addiction.

20 He reported he had been addicted to pain meds. Pain
21 meds he had received from other providers and pain meds he was
22 trying to get from Dr. Romano. Did Dr. Romano ever refer
23 Mr. Robinson to an addiction specialist? Never.

24 Someone else did. In the fall of 2015, when
25 Mr. Robinson was on a break from Dr. Romano, his doctor tried

1 to treat his addiction with Suboxone. Remember, Suboxone is²²
2 the drug that John Tittle is using successfully to treat his
3 opioid addiction.

4 For seven months, Mr. Robinson was away from the
5 defendant and on much lower strengths and dosages. First it
6 was the Suboxone and then he was transitioned onto low dosages
7 of other painkillers. First, 7.5 daily MME, then down to 5
8 daily MME.

9 But wham, back to the defendant in May of 2016 and
10 immediately up to 165 MME. From 5 to 165. That's more than a
11 3,000 percent increase for Mark Robinson. A man with a history
12 of addiction and a failing heart. And that's Count 23 of the
13 Indictment.

14 And remember when the defendant testified. What did he
15 slip up and tell you about Mark Robinson during this visit? He
16 said that Mr. Robinson was doing, quote, much better. Much
17 better after seven months away from the defendant's
18 prescribing. Much better before the prescription in Count 23
19 when the defendant again doped him up with 165 daily MME of
20 opioids.

21 Two months later in Count 24, the defendant adds the
22 tranquilizer Soma.

23 On to Count 25. Now two years later and Dr. Romano has
24 completed the cocktail. The cocktail, that John Tittle
25 compared to heroin, for Mark Robinson who was addicted to

23
1 painkillers and who you all saw on the stand on Friday has to
2 take nitroglycerin to stave off heart attacks.

3 Just like with Mr. Saker and Mr. Crigger, no other
4 doctor will give Mr. Robinson the same cocktail of drugs that
5 he was receiving from Dr. Romano. He's not on oxycodone. He's
6 not on hydromorphone. He's not on Klonopin. And of course
7 he's not on Soma. Only Dr. Romano would give him all those.

8 But when you're addicted to these drugs, you have to
9 have them. Which is why Eric Webb was willing to drive almost
10 four hours; why Kent Crigger was willing to drive even further;
11 Mr. Saker and Mr. Neilan drove more than an hour and a half;
12 and roughly an hour for Patricia and John Tittle.

13 Driving for hours, driving past countless other pain
14 clinics in search of the one that will give him these pills.
15 In search of Dr. Thomas Romano.

16 Kent Crigger, the registered nurse who spends his day
17 surrounded by doctors in the critical care unit. Surrounded by
18 doctors, none of whom would be willing to give him these pills
19 he got from Dr. Romano. That's why he was willing to drive
20 more than four hours to get his prescription.

21 All the doctors Kent Crigger passed along the way. All
22 the doctors that are closer to these other patients. But they
23 chose to drive for hours to get the pills because Dr. Romano
24 had them hooked.

25 They drove for hours to end up here in Martins Ferry.

1 Now, Counts 15 and 16 relate to John Tittle. ²⁴ John
2 Tittle testified last Tuesday morning. He told you that the
3 drugs Dr. Romano gave him turned him into a zombie. He said
4 because once you're on them, you can't get off them without
5 help. And the defendant didn't offer him that help.

6 John Tittle showed up to the defendant's practice with a
7 history of dirty drug tests and a history of other -- of taking
8 other people's medication. He said he, quote, borrowed
9 medication from his mom and his girlfriend.

10 You saw John Tittle, ladies and gentlemen. A little
11 rough around the edges. He might be a good welder. He is
12 definitely not a doctor. But Dr. Romano gave him essentially
13 what he self-prescribed himself from his mom's and his
14 girlfriend's medicine cabinets: The added Klonopin and Soma.

15 But more than that. Again staring Dr. Romano in the
16 face were notes from prior prescribers who had refused to give
17 John Tittle dangerous high-dose opioids and addictive
18 combinations.

19 Right before John came to Dr. Romano, a Dr. Michael
20 Stanish wrote that the oxycodone was excessive and that John
21 needs to be weaned. In November of 2007, Dr. Megan Cortazzo
22 said that John is taking drugs that he wasn't being prescribed.
23 She said he'll, quote, need to find another physician to
24 prescribe opioids.

25 John explained to you that he tried to find another

1 physician. No one would give them to him. He got kicked out²⁵
2 of pharmacies. He said Rite Aid stopped filling his
3 prescriptions. You know why? Because they weren't working and
4 they were harming him.

5 No one else would but Dr. Romano. Dr. Romano put him on
6 the three-drug cocktail.

7 In Count 15 he gave John 510 daily MME in January of
8 2015 plus the benzo Klonopin, and Soma.

9 He kept John Tittle on that cocktail for years. Count 6
10 (sic) is from July of 2016. Same drug combination, same high
11 drug MME. And this didn't help John.

12 He told you what it did to him. It turned him into a
13 zombie. He told you no one wanted to be around him. He
14 couldn't work and he certainly wasn't getting any better.

15 And then Dr. Romano kicked him to the curb.
16 Unsurprisingly, no other doctor would give him the same pills
17 Dr. Romano was giving him. So John turned to heroin.

18 Rather than referring John to an addiction specialist,
19 Dr. Romano abandoned him. This letter terminating John from
20 the practice is effectively a prescription for street heroin.
21 The cocktail Romano was giving John Tittle was already
22 comparable to heroin. And taking that away without a referral
23 to an addiction specialist, of course he turned to heroin.

24 Then John got a wake-up call. What did he tell you? My
25 son walked in and I was barely breathing with my head slumped

1 over. He grabbed me by the hair and slapped me in the ²⁶face.

2 The next day, I went to a Suboxone clinic.

3 While Romano was John's doctor, he never mentioned
4 Suboxone. The one drug that could have saved John. John told
5 you he would have gladly turned to Suboxone rather than street
6 heroin. And with Suboxone, John told you, I feel like I got my
7 life back. A life stolen for seven years by Dr. Romano's
8 prescribing.

9 Much hay has been made over the fact that the medical
10 board requested patient files for John Tittle and a few of
11 these other patients. Dr. Romano suggested that somehow he
12 thought the medical board blessed his prescribing practices.
13 But that's a story concocted to fool you and distract you from
14 the issues that are truly before you.

15 The medical board did no such thing and the defendant
16 never believed they did. He is the doctor. By his own
17 admission, he knows the dangers of these drugs and the way that
18 a doctor is acting within the usual course of professional
19 practice prescribes these drugs.

20 The medical board isn't a baby-sitting service and it
21 isn't in the business of enforcing drug laws. But that's
22 exactly what we're doing here; what you're being asked to do.

23 The medical board didn't hold him accountable but you
24 can. And do you really think that Dr. Romano, the
25 self-professed giant among men who didn't listen to his peers

1 or everyone else that was questioning his practices, who²⁷ felt
2 everyone else was beneath him, do you really think he would
3 have listened to the State Medical Board?

4 When he was interviewed by the medical board in 2012, he
5 told the inspector a different story from the practice he was
6 actually running. He swore he always got medical records.
7 Look at Eric Webb. He told the inspector it was a deal breaker
8 when somebody had a dirty urine. Look at Eric Webb again, John
9 Saker, Mark Robinson, Kent Crigger, John Tittle.

10 Finally we have Patricia Tittle, John's mom. Her
11 prescriptions are charged in Counts 17, 18, 19, and 20.

12 When Patricia Tittle came to Dr. Romano, she came
13 looking for a doctor, not a drug dealer. But over the course
14 of nine years, Dr. Romano pumped her full of a cocktail of
15 drugs that knocked her out. Caused problems at her job and
16 stole years of her life.

17 Just like John, Patricia Tittle came to Dr. Romano's
18 practice alongside warnings from another doctor that continuing
19 the high-dose opioids and combinations would be bad for her.
20 They wanted to wean her off, not continue oxycodone
21 prescribing.

22 But Dr. Romano does just that. He gave her high-dose
23 opioids and gave her dangerous combinations that weren't
24 working. These are quotes from Ms. Tittle's patient file:
25 September 2011, increased neck pain; keep prescribing.

1 August 2013, hurts all over with increased fatigue and
2 decreased energy; keep prescribing. January 2015, in more
3 widespread pain lately; keep prescribing. July 2016, increased
4 hip pain and increased neck pain; keep prescribing.
5 April 2019, increased pain overall, especially left hip pain;
6 keep prescribing.

7 Repeatedly, Ms. Tittle told Dr. Romano she was getting
8 worse. Repeatedly, he kept her on the same course.

9 What do they say about doing the same thing over and
10 over again and expecting a different result? Certainly not the
11 practice of medicine.

12 And what was the result of Dr. Romano's prescribing?
13 Ms. Tittle told you, well, I changed. My family kept telling
14 me I was a different person. I was grouchy and I slept a lot.
15 I wasn't able to do what I normally do. I mean, you can't play
16 with your grandkids when you're asleep. I had trouble at work.
17 I was falling asleep at work.

18 She told Dr. Romano what the drugs were doing to her,
19 that they were knocking her out, causing her fatigue. She even
20 fainted in 2016, but he kept on prescribing.

21 Count 17 is from December of 2014. He wrote her three
22 different opioid prescriptions plus the tranquilizer Soma, plus
23 the benzo Valium.

24 Again, Count 18 in November of 2015. Same combination
25 that is making her worse.

1 Again, Count 19, June of 2016. Same combination ²⁹ that is
2 making her worse.

3 And finally, Count 20, January 2017. Shortly after she
4 reported fainting. Same combination that isn't working. Same
5 combination that's making her worse.

6 After she left Dr. Romano's practice in 2019, she went
7 to see Dr. Le. Rather than leading Ms. Tittle further down the
8 path of addiction that Dr. Romano had paved, Dr. Le warned
9 Ms. Tittle about Dr. Romano's dangerous drug cocktail. Told
10 Ms. Tittle if she kept down this path, she'd be dead in five
11 years.

12 Just like John's slap in the face was a wake-up call,
13 Dr. Le was a wake-up call for Patricia Tittle. She told you
14 she felt like she hit the end of the road. That her family
15 told her was a different person, that they didn't like her like
16 that. She said, I'll try to get off it. And if not, then I'll
17 die.

18 Dr. Le told you on Monday that the most concerning thing
19 about Patricia Tittle, given all of her health issues, was the
20 combination of drugs that she was on from Dr. Romano. The
21 first thing Dr. Le had to do was wean Ms. Tittle off those
22 drugs. And only then could she start treating Ms. Tittle for
23 her pain.

24 Dr. Le spent almost an hour talking with Ms. Tittle
25 about the dangers associated with mixing opioids and benzos.

1 In one visit, Dr. Le spent more time counseling Ms. Tittle³⁰ than
2 Dr. Romano did in nine years of prescribing to her.

3 Ms. Gregorian asked Ms. Tittle about what she's doing
4 now. Are you taking any opioids? No. Are you taking any
5 benzos? No. Are you taking any Soma? No. Are you taking any
6 controlled substances? No.

7 She told you, I'm still in pain but at least I can
8 think.

9 You heard repeatedly that the drugs Dr. Romano was
10 prescribing harmed more than they helped. They turned his
11 patients into zombies. Improving only after the pills stopped.

12 You've seen and heard the evidence that shows beyond a
13 reasonable doubt that Dr. Romano's prescribing was outside the
14 usual course of professional practice and without a legitimate
15 medical purpose.

16 But he thinks as a giant among men that he's above such
17 lowly requirements. But he's not above the law. We ask that
18 you hold him responsible, find him guilty on all counts. Thank
19 you, ladies and gentlemen.

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21 * * * * *

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23 THE COURT: Rebuttal.

24 MR. HELFMEYER: Yes, Your Honor.

25 Dangerous but how dangerous? We're not talking about

dollars in a bankruptcy case. We're talking about human lives.
One is too many.

Eric Webb's addiction is one too many. Each year that John Tittle and Patricia Tittle lost to the defendant's prescribing is one too many.

Those are the dangers. That's dangerous enough.

I don't mind being attacked. That's part of my job as a prosecutor. I get attacked by defense attorneys. That's fine. But I don't want you to be swayed by the attacks on the government because what I say, what Mr. Shamansky says, no matter how indignant he or I get is not evidence.

The evidence that you get to consider is based on the testimony that came from that witness stand and the exhibits that you've seen in front of you during this trial. Evidence that we have brought to you that shows beyond a reasonable doubt that the defendant's prescribing was without a legitimate medical purpose outside of the usual course of professional practice.

No, this is not a malpractice case. The defendant didn't commit malpractice. He unlawfully distributed controlled substances when he gave them to the heroin addict Eric Webb; when he sent John and Patricia Tittle down the spiral of addiction; when he gave Arrieal Butler drugs that weren't working; when he sent a charge nurse off to the critical care floor sedated; when he didn't help Kent Crigger,

1 Donald Neilan, Mark Robinson.

2 That's not medical malpractice. That's unlawful
3 distribution of a controlled substance.

4 Dr. Le. Dr. Le told you why she was concerned about
5 cross-examination. She'd been cross-examined by him before.
6 She told you it was demeaning. She didn't want to be demeaned
7 again when she took the stand.

8 But why? Why would Dr. Le say anything other to you
9 than exactly what she saw, what she observed, what she knows
10 based on her many years of treating patients in pain? Why?
11 She wouldn't. There's no reason. There's no reason for her to
12 do that.

13 You saw her. You judged her credibility just as you saw
14 Dr. Belcik. Same position. Why? Why would he give you
15 anything other than exactly what Ms. Butler told him? Exactly
16 what he saw, what he knew as a physician. There's no reason.

17 If we could go, Ms. Balde, to 145 at page 7 and zoom in
18 to the top.

19 It was just suggested to you that I made up that Eric
20 Webb had 16 motor vehicle accidents. I quit counting after 16
21 MVA, motor vehicle accidents.

22 It's not concocted. It's not made up by the government.
23 This is right here, what Eric Webb wrote down, what he gave to
24 the defendant before the defendant continued prescribing to the
25 heroin addict.

1 The medical board. Says who that the defendant wouldn't
2 listen to the medical board? Every single witness that
3 testified about their interactions with the defendant talked to
4 you about the way that he disregarded other things that people
5 told him that he didn't want to hear. Anybody who disagreed
6 with him was beneath him.

7 You really think he would have listened to the medical
8 board? But what did he know from the medical board?

9 Back in 2012, he was allowed to operate a pain clinic
10 and then he got a subpoena. That's it. That's all he knew.
11 He never saw the results of the 2017 review of patient records.
12 He never saw that report written by Nurse Holdford that the
13 defense showed you.

14 It's Defense Exhibit 7, if we could go to that at page
15 1, Ms. Balde. And if we could zoom in to the top. Thank you.

16 This is what the defendant didn't know but this is part
17 of what the medical board was doing behind the scenes. Some of
18 the patient files were reviewed by a nurse, Mr. Holdford.

19 And what's part of the conclusion? Pull more patient
20 files due to regular prescriptions of the drug abuse cocktail
21 of a benzo, opioid, and a sleep aid.

22 It's not a buzzword, ladies and gentlemen, cocktail.
23 That's the word used by Dr. Le when she testified. That's the
24 word used by the medical board. It doesn't sound good to
25 Dr. Romano, but it's not our buzzword.

1 If we could go to page 6 of this exhibit at the bottom,³⁴
2 and to the recommendations.

3 Again, this is not what Dr. Romano saw. He had no idea
4 what the medical board was doing. But the medical board
5 reviewer found that he was complying with many of the
6 guidelines. But his use of Naloxone and other parts of the
7 review indicates that he is aware, he being Dr. Romano, is
8 aware that he may be overprescribing. Overprescribing these
9 dangerous opioids and benzodiazepines and Soma to his addicted
10 patients.

11 And the medical board recommends a review by an expert.
12 That's what the medical board did. Not blessing him. Telling
13 him go forth and continue throwing pills at these people.

14 Thank you, Ms. Balde.

15 The medical board allowed him to have a pain practice in
16 2012. The prescriptions at issue in this case issued to John
17 Tittle, Patricia Tittle, and the other patients, those are all
18 after 2012. 2014 to 2019.

19 Don't believe that the medical board blessed this.
20 There's no evidence to support that.

21 On Mr. Crigger. Why else would he drive eight hours
22 round trip? Yes, it's in evidence that he was working at a
23 hospital surrounded by doctors. Nobody else was giving him the
24 medications the defendant was giving him. That is the evidence
25 from that witness stand and from the exhibits that you've seen.

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When you go back to deliberate, think about Patricia Tittle, think about John Tittle, Arrieal Butler, Eric Webb, the other patients in this case, the years lost by these pills, the addiction and suffering that it has caused to them and their family.

Dangerous. How dangerous? One is too many. The 24 counts in the Indictment that you're to consider, he's guilty of. Convict him. Thank you.

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C E R T I F I C A T E

I, Lahana DuFour, do hereby certify that the foregoing is a true and correct transcript of the proceedings before the Honorable Michael H. Watson, Judge, in the United States District Court, Southern District of Ohio, Eastern Division, on the date indicated, reported by me in shorthand and transcribed by me or under my supervision.

s/Lahana DuFour
Lahana DuFour, RMR, CRR
Official Federal Court Reporter
December 21, 2023